Illinois Department of Public Health

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION		(X3) DATE SURVEY COMPLETED		
		A. BUILDING:		С		
IL6010912		B. WING		11/17/2015		
NAME OF I	PROVIDER OR SUPPLIER	STREET ADI	DRESS, CITY, S	STATE, ZIP CODE		
MANOR	CARE OF PALOS HEI	GHTS FAST	T COLLEGE			
(V4) ID	SUMMARY STA	TEMENT OF DEFICIENCIES	EIGHTS, IL	PROVIDER'S PLAN OF CORRECTION	ON	(VE)
(X4) ID PREFIX TAG	(EACH DEFICIENCY	Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	PREFIX TAG	(EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPROI DEFICIENCY)	D BE	(X5) COMPLETE DATE
S9999	Final Observations		S9999		7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7	
	Statement of Licens	sure Violations:				·
	300.610a) 300.1210b) 300.1210c) 300.1210d)6) 300.3240a)					-
	a) The facility shall procedures governi facility. The written be formulated by a Committee consisting administrator, the amedical advisory conformittee consisting and other policies shall complete the facility and shall by this committee, and dated minutes and dated minutes and care and Person b) The facility shall pand services to attain practicable physical well-being of the research resident's complan. Adequate and care and personal car	dvisory physician or the ammittee, and representatives or services in the facility. The y with the Act and this Part. I shall be followed in operating be reviewed at least annually documented by written, signed of the meeting. I seneral Requirements for all Care provide the necessary care in or maintain the highest provided the necessary care in or maintain the highest properly supervised nursing that the prehensive resident care properly supervised nursing that are shall be provided to each estotal nursing and personal esident. I giving staff shall review and about his or her residents' care plan ection (a), general nursing at a minimum, the following		Attachment A Statement of Licensure		

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LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

12/08/15

Illinois Department of Public Health

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION  A. BUILDING:		(X3) DATE SURVEY COMPLETED		
				С		
		IL6010912	B. WING		11/1	7/2015
NAME OF I	PROVIDER OR SUPPLIER	STREET AD	DRESS, CITY, S	STATE, ZIP CODE		
MANOR	CARE OF PALOS HEI	CHTS FAST	T COLLEGE			
0/4) ID	STIMMAD V STA	TEMENT OF DEFICIENCIES	EIGHTS, IL	PROVIDER'S PLAN OF CORRECTION	ON	(X5)
(X4) ID PREFIX TAG	(EACH DEFICIENCY	Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	PREFIX TAG	(EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPRO DEFICIENCY)	.D BE	COMPLETE DATE
S9999	Continued From pa	ge 1	S9999			
		ecautions shall be taken to				
		dents' environment remains hazards as possible. All				
		shall evaluate residents to see				
		receives adequate supervision				
	and assistance to p Section 300.3240 A					
	a) An owner, licensee, administrator, employee or agent of a facility shall not abuse or neglect a resident. (Section 2-107 of the Act)  These requirements are not met as evidenced by:					
	Based on interview and record review, the facility failed to provide a safe physical transfer for a resident according to care plan and policies governing resident transfer. This applies to one resident (R1) reviewed for injury in a sample of three. This failure resulted in R1 sustaining a right shoulder dislocation.  Findings include:					
		o the facility on 8/16/15 with oses: Diabetes, hypertension				
	sling on her right ar the day nursing ass get me out of bed." that. You are going who got hurt. She socket. Everyone t hurt for a long time trouble. Now, I hav shoulder." R1's BI	m, R1 was observed with a rm. R1 stated "On 11/3/15, sistant pulled my right hand to R1 stated "I told her not to do to hurt me. I was the one pulled my shoulder out of its hinks they are so strong. It. I don't want the girl to get in re to be fed. It is my right MS (Brief Interview Mental to 10/29/15 was 15 out of 15.				

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		(X1) PROVIDER/SUPPLIER/CLIA	(X2) MULTIPL	E CONSTRUCTION	(X3) DATE	
AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		IDENTIFICATION NUMBER:	A. BUILDING:		COMPLETED	
IL6010912			B. WING		C 11/17/2015	
NAME OF	PROVIDER OR SUPPLIER	STREET AD	DRESS, CITY, S	STATE, ZIP CODE		
MANOR	CARE OF PALOS HEI	GHTS FAST 7850 WES	ST COLLEGI	E DRIVE		
MANOK	TALOUTEN	PALOS HI	EIGHTS, IL	60463		
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES  MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPRO DEFICIENCY)	.D BE	(X5) COMPLETE DATE
S9999	Continued From pa	ge 2	S9999			
	R1 was alert and or place on 11/13/15 a	riented to time, person and at 11 am.				
		Oam, E2 (Licensed Practical				
	,	she cared for R1 on 11/3/15 E2 stated that Z1 (Physical				
	therapist) came to h	ner on 11/3/15 in the morning				
	right arm. Z1 stated	was complaining of pain in her distance that R1 told her that the				
	Ü	ho was caring for her in the right hand to get her out of				
	bed on 11/3/15. E2	stated that E6 (Certified				
		old her that she pulled R1's r out of bed. E2 stated that				
	she told E6 that she cannot get someone out of bed by pulling on the resident's hand. E2 stated					
	that she did an incid	dent report, notified the				
		ttending Physician) of the that there was no swelling the		à.		
	day of the incident.	E2 stated that R1 did not want				
	to take any pain medication for the pain in her right arm. E2 stated that when she came back to					
	work on 11/4/15, she contacted Z2 for an x-ray					r
	order because E2 stated that she assessed R1's right shoulder on 11/4/15 and R1's shoulder was "super flexed and looked abnormal." R1's right shoulder x-ray was done on 11/4/15 and R1's					,
				4		
AND	x-ray results dated 11/4/15 showed a right shoulder dislocation. E2 stated that R1 went for an orthopedic appointment on 11/5/15 and is					
White his second	currently wearing a	sling.				
	On 11/13/15 at 12 noon, Z1 (Physical Therapist)					
	stated that R1 told her on 11/3/15 that the morning nursing assistant pulled her hand while transferring her out of bed. Z1 stated that R1 told					
REQUIREMENT OF THE PROPERTY OF						
her that the pain started after E6 pulled her out of bed using R1's right hand. Z1 stated that R1 was not able to ambulate on 11/3/15 during therapy due to the pain. Z1 stated that she reported this						

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IL6010912  STREET ADDRESS, CITY, STATE, ZIP CODE TASSO WEST COLLEGE DRIVE PALOS HEIGHTS EAST TAGS WEST COLLEGE DRIVE PALOS HEIGHTS, IL 60403  SUMMANORCARE OF PALOS HEIGHTS EAST TAGS WEST COLLEGE DRIVE PALOS HEIGHTS, IL 60403  SPREETX TAG  SUMMANOR STATEMENT OF DEFICIENCIES EGULATORY OR LISC IDENTIFYING INFORMATION)  S9999  Continued From page 3 incident to E2 (Nurse).  On 11/13/15 at 3.20pm, E7 (Assistant Director of Nursing) stated that she conducted the investigation regarding the incident on 11/3/15 with R1 and E6. E7 stated that E6 was the only nursing assistant in E7 stated that E6 was the only nursing assistant in R1's room for the transfer.  On 11/13/15 at 3.30pm, E6 stated that when she assisted R1 in the morning of 11/3/15, R1's right arm hurt and she reported this to the nurse. E6 stated that R1 told her that the assisted that R1 told her that when she assisted that R1 told her that when an nursing assistant was getting her out of bed after morning care on 11/3/15, the nursing assistant was getting her out of bed after morning care on 11/3/15, the nursing assistant was getting her out of bed after morning care on 11/3/15, the nursing assistant was getting her out of bed after morning care on 11/3/15, the nursing assistant was getting her out of bed after morning care on 11/3/15, the nursing assistant was detained to the patient of the adis, incontinence of bowel and bladder, muscle weakness, recent hospitalization, diagnosis of urinary tract infection and acute cerebrovascular acident with left hemiparesis. R1's care plan agal for this problem reads "Will receive assistance necessary to meet activity of daily living needs." R1's MDS (Minimum Data Set) dated 10/29/15 reads "2 person physical assist with transfers, extensive assist with transfers's between surfaces including to or from: bed, chair, wheelchair, standing position."		STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION  A. BUILDING:			(X3) DATE SURVEY COMPLETED	
MANORCARE OF PALOS HEIGHTS EAST  7850 WEST COLLEGE DRIVE PALOS HEIGHTS, IL 60463  [XAI] ID PREFIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL TAG  REGULATORY OR LSC DESTIFYING INFORMATION)  S9999 Continued From page 3 incident to E2 (Nurse).  On 11/13/15 at 3:20pm, E7 (Assistant Director of Nursing) stated that she conducted the investigation regarding the incident or 11/3/15 with R1 and E6. E7 stated that R1 told her that E6 got her out of bed in the morning on 11/3/15 by pulling her right hand. E7 stated that E6 was the only nursing assistant in R1's room for the transfer.  On 11/13/15 at 3:30pm, E6 stated that when she assisted R1 in the morning of 11/3/15, R1's right arm hurt and she reported this to the nurse. E6 stated that R1 told her that when an nursing assistant was getting her out of bed after morning care on 11/3/15, the nursing assistant snapped her arm.  R1's care plan dated 10/23/15 reads "Self care deficit related to needs extensive assistance with her bed mobility and transfer and most of her adis, incontinence of bowel and bladder, muscle weakness, recent hospitalization, diagnosis of urinary tract infection and acute cerebrovascular accident with left hemiparesis. R1's care plan goal for this problem reads "Will receive assistance a necessary to meet activity of daily living needs." R1's MDS (Minimum Data Set) dated 10/29/15 reads "Self care to the read of the problem reads "Will receive assistance necessary to meet activity of faily living needs." R1's MDS (Minimum Data Set) dated 10/29/15 reads spist with transfers between surfaces including to or from: bed, chair, wheelchair, standing position."  The facility's investigation report dated 11/3/15			IL6010912		B. WING			
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reads "R1 is a x2 max assist during transfer. E6	\$9999	incident to E2 (Nursing) stated that investigation regard with R1 and E6. E7 E6 got her out of be by pulling her right I the only nursing asstransfer.  On 11/13/15 at 3:30 assisted R1 in the rarm hurt and she restated that she did bed.  On 11/17/15 at 9:30 stated that R1 told I assistant was gettin care on 11/3/15, the her arm.  R1's care plan date deficit related to new her bed mobility and adls, incontinence of weakness, recent hurinary tract infection accident with left he goal for this problem assistance necessaliving needs." R1's dated 10/29/15 read with transfers, extended the facility's investion.  The facility's investion.	opm, E7 (Assistant she conducted to ding the incident of stated that R1 to ed in the morning hand. E7 stated the incident in R1's room of the end of the e	he on 11/3/15 old her that E6 was om for the at when she 5, R1's right nurse. E6 get her out of g Physician) nursing after morning at snapped "Self care sistance with ost of her der, muscle gnosis of brovascular care planeive y of daily Data Set) sical assist ransfers in: bed, chair, and 11/3/15	S9999			

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\$9999	was transferring R1 assisted R1 to sittin pulled on R1's arm. right shoulder. X-ra dislocation of right s MD gave order for I radiology report dat humerus is anterior respect to the glenc Conclusion: Anterior The facility's transfer policy dated 1/2011 move safely from be back again." The p to lean forward to g policy does not react them out of bed and 11/17/15 at 9:30am stated that the facility	to the wheelchair. When E6 ag position, E6 accidentally R1 complained of pain to y was done which showed shoulder. Ice packs applied. R1 to see orthopedist." R1's ed 11/4/15 reads "The ly and inferiorly dislocated with oid. There is no fracture. It is respectively bed-chair/wheelchair reads "The purpose is to ed to chair or wheelchair and olicy reads to instruct resident et body weight over hips. The did to pull resident's hand to get dinto the wheelchair. On E8 (Director of Nursing) ty does not have a policy for 2 stated that the facility only	\$9999				

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